

RESIDENTIAL CARE APARTMENT COMPLEX REGULATIONS COMPLIANCE STATEMENT

Completion of this form is required per s. HFS 89.53, Wis. Admin. Code, for certification, or s. HFS 89.42, Wis. Admin. Code for registration as a Residential Care Apartment Complex (RCAC). Check the boxes to confirm compliance with Wisconsin Administrative Code, CH HFS 89, Residential Care Apartment Complex. Questions about completion of this form may be directed to 608-264-9888. Complete, sign and submit this form, for all initial and renewal applications, to the Bureau of Quality Assurance Regional Office that serves the county in which the residential care apartment complex is located.

Name – Facility

Street Address

City

State

Zip

Name – Person Completing This Form

Telephone Number

Date Form Completed

COMPLIANCE WITH GENERAL CODES

- ☐ 1. The Facility has developed policies and procedures including having applicable documents on file, and have conducted staff orientation, where appropriate, that reflects the requirements of all applicable statutes, rules and regulations in accordance with **HFS 89.22(1)**.
- ☐ 2. The Facility has letters of approval that plans developed are in compliance with the state COMM Code for multifamily dwellings in effect at the time of construction in accordance with **HFS 89.22(1)**.
- ☐ 3. The facility has a copy of the local building inspection approval and / or a copy of the occupancy permit.
- ☐ 4. The Facility has developed policies and procedures for ensuring tenant health and safety, including orientation of appropriate staff and staff schedules for 24 hour a day emergency service. In addition, a written emergency plan has been developed in cooperation with local fire and emergency services in accordance with **HFS 89.23(2)(c)**.
- ☐ 5. The Facility's nurse hiring and contracting policies, including nurse aide supervision, are in compliance with the nursing services standards contained in "Wisconsin Statutes and Administrative Code Relating to the Practice of Nursing" in accordance with **HFS 89.23(4)(2)**.
- ☐ 6. The Facility routinely conducts criminal records checks for appropriate staff in accordance with **HFS 89.23(4)(c)**.
- ☐ 7. The Facility has policies and procedures and conducts and informs all staff, in writing, regarding the prohibition in any form of coercion or retaliation preventing a tenant, employee or service provider from filing a complaint or grievance about a residential care apartment complex in accordance with **HFS 89.36, HFS 89.44(5) and HFS 89.58**
- ☐ 8. The Facility is in compliance with all fire, health, safety and sanitation requirements evidenced by current inspection dates or current letters of inspection in accordance with **HFS 89.22(1) and HFS 89.55(2)**.
- ☐ 9. The Facility has submitted a completed application form to the Department with the required additional information under **HFS 89.61**, if the applicant is planning to convert a separate area of a nursing home or community based residential facility to a residential care apartment complex.
- ☐ 10. The Facility is in compliance with public and common use areas accessibility consistent with COMM 69, Barrier-Free Design, evidenced by an appropriate inspection. **HFS 89.22(3)**

COMPLETE No. 11 OR 12 AS APPROPRIATE

- ☐ 11. The **certified** Facility has in its files, a letter of intent to contract from the county agency administering medical assistance waivers and is in compliance with the requirements of the Medicaid Community Waivers Manual in accordance with **HFS 89.52(1) and (2)**.

- ☐ 12. The **registered** Facility informs prospective tenants and appropriate others in its contract with the tenant or by other notification (specify method _____) that the Department does not routinely inspect or monitor registered residential care apartment complexes or enforce their contractual obligations under the Service or Risk Agreements in accordance with HFS 89.43(4), Wis. Admin. Code.

COMPLIANCE WITH OPERATIONAL CODES

- ☐ 1. The Facility is in compliance with the requirements for independent apartments under **HFS 89.22(2),(3) and (4); and HFS 89.13(3), (11), (16), (17), (18) and (19).**
- ☐ 2. The Facility is in compliance with the variance requirements in apartment floor space (if applicable) including the submission of a written request and having it approved by the Department in accordance with **HFS 89.22(2)(e)4.**
- ☐ 3. The Facility is in compliance with providing or contracting at least the minimum supportive, personal and nursing services and provides or contracts sufficient staff to meet the service needs identified in the tenants' service agreements in accordance with **HFS 89.23(2).**
- ☐ 4. The Facility is in compliance, as evidenced by its written staffing plan and staff schedules, that it has sufficient staff to meet the unscheduled needs of tenants and provide emergency assistance in accordance with **HFS 89.23(2)(b) and (c).**
- ☐ 5. The Facility's staff qualifications and contract requirements with service providers are directed at having qualified personnel to meet the care needs identified in the tenants' services agreements in accordance with **HFS 89.23(3) and (4).**
- ☐ 6. The Facility has documentation that the service manager and the written staffing plan section requirements are met, including providing for a designated in-charge person when the service manager is not present in accordance with **HFS 89.23(4) and (6).**
- ☐ 7. The Facility requires that all facility staff have training in safety procedures and in tenant rights and that it is in compliance with **HFS 89.23(4)(d).**
- ☐ 8. The Facility has a schedule and procedures for computing tenants' services hours including procedures for allowing tenants to subcontract for additional hours within this requirement in accordance with **HFS 89.24.**
- ☐ 9. The Facility is in compliance with the separate identification of the monthly rent, meals and services including providing a copy to the tenant and appropriate individuals in accordance with **HFS 89.25.**
- ☐ 10. The Facility conducts a comprehensive assessment prior to each admission for each tenant including an annual review in accordance with **HFS 89.26(1),(2),(3) and (4).**
- ☐ 11. The Facility has a mutually agreed-upon written Service Agreement with each of its tenants in accordance with **HFS 89.27(1),(2),(3) and (4).**
- ☐ 12. The Facility has a jointly negotiated Risk Agreement with each tenant in accordance with **HFS 89.28(1),(2),(3),(4),(5) and (6).**
- ☐ 13. The Facility has an admission and retention of tenants policy that meets the requirements of **HFS 89.29(1),(2) and (3).**
- ☐ 14. The Facility is in compliance with Tenants Rights, as evidenced in the written agreement with the tenant and a copy of the rights posted in a public place in accordance with **HFS 89.32 and HFS 89.33.**

I attest that all statements made on this form are correct and accurate and that I will comply with all laws, rules and regulations governing residential care apartment complexes.

SIGNATURE - Applicant

Date Signed